



**LAC DPH Health Advisory:
Increased Interseasonal Activity of
Respiratory Syncytial Virus
in Los Angeles County**
August 10, 2021



*This message is intended for primary care, urgent care, emergency medicine, critical care, and infectious disease providers, as well as infection control staff.
Please distribute as appropriate.*

Key Messages

- There is currently increased activity of interseasonal respiratory syncytial virus (RSV) in Los Angeles County.
- RSV can be associated with severe disease in young children and older adults.
- Clinicians may consider off-season immunoprophylaxis with anti-RSV monoclonal antibody Palivizumab (Synagis®) in high-risk infants and young children.
- Healthcare personnel, childcare providers, and staff of long-term care facilities should be reminded of the importance of not reporting to work while acutely ill, even if they test negative for SARS-CoV-2.

Situation

On June 10, 2021, CDC issued a [health advisory](#) to notify clinicians and caregivers about increased interseasonal RSV activity across parts of the Southern United States. Since July, LA County has noted a similar increase in unexpected interseasonal RSV. In LA County, RSV season is typically from early November through the end of April, with a peak in January and February.

The current increase in RSV activity may be due to relaxation of measures put in place to mitigate transmission of SARS-COV-2, such as masking and social distancing,¹ and there is concern that the increase in RSV may escalate as schools reopen. In addition to the young infants typically at risk of severe RSV-associated illness, older infants and toddlers may also be at increased risk of severe RSV-associated illness, as they did not have typical levels of exposure during the 2020-2021 season.

Background

RSV is a respiratory virus spread primarily through respiratory droplets and direct contact with contaminated surfaces. While RSV causes acute respiratory tract infection in people of all ages, infants, young children, and older adults with chronic medical conditions are at risk of severe disease from RSV infection. RSV is the most common cause of bronchiolitis and pneumonia in children under the age of one year in the United States. Annually, RSV leads to approximately 58,000 hospitalizations² with 100-500 deaths among children younger than 5 years old³ and 177,000 hospitalizations with 14,000 deaths among adults aged 65 years or older.⁴

In LA County, during the 2020-2021 season there was a marked reduction in RSV activity (0% of sentinel respiratory testing positive for RSV, compared to 10-20% positivity during the previous 4 winters), likely due to public health measures put in place to mitigate transmission of SARS-COV-2⁵ (see graph at end).

Prophylaxis

Palivizumab (Synagis®) is an anti-RSV monoclonal antibody [recommended by the American Academy of Pediatrics \(AAP\)](#) during the typical RSV season for infants and young children likely to benefit from immunoprophylaxis based on gestational age and certain underlying conditions.⁶ Because of the current increased interseasonal RSV activity, clinicians may consider off-season use of Palivizumab in infants and young children at risk for severe RSV disease in order to ensure continued protection during this unexpected surge. Monthly prophylaxis should be discontinued in any infant who experiences a breakthrough RSV hospitalization.

For more information see the interim guidance from the AAP released today (8-1-21): [Interim Guidance for Use of Palivizumab Prophylaxis to Prevent Hospitalization From Severe Respiratory Syncytial Virus Infection During the Current Atypical Interseasonal RSV Spread.](#)

Actions Requested of Providers

- Review the clinical presentation of RSV in different age groups, especially in older infants and toddlers who may present with more severe disease.
- Continue to monitor the rates of circulating RSV in the weekly LA County [Viral Respiratory Surveillance reports](#).
- If clinically indicated, consider testing for respiratory pathogens such as RSV in patients who present with acute respiratory illness or age-specific symptoms and test negative for SARS-CoV-2. Real-time reverse transcription-polymerase chain reaction (rRT-PCR) is the preferred method for testing for respiratory viruses.
- Consider immunoprophylaxis with anti-RSV monoclonal antibody Palivizumab (Synagis®) in high-risk infants and young children likely to benefit based on gestational age and underlying conditions.
- Report laboratory-confirmed RSV cases, suspected clusters of severe respiratory illness, and RSV-associated deaths in children under five to the appropriate health department (see *Reporting* below).
- Instruct patients to not report to work or school while sick even if they test negative for SARS-CoV-2.

For More Information

- [LAC DPH – Viral Respiratory Surveillance](#)
- [CDC – RSV Information for Healthcare Providers](#)
- [CDC – RSV Symptoms and Care](#)
- [AAP – Guidance on Palvizumab Prophylaxis](#)
- [HealthyChildren.org--RSV: When It's More Than Just a Cold](#)

Reporting

Los Angeles County DPH Acute Communicable Disease Control:

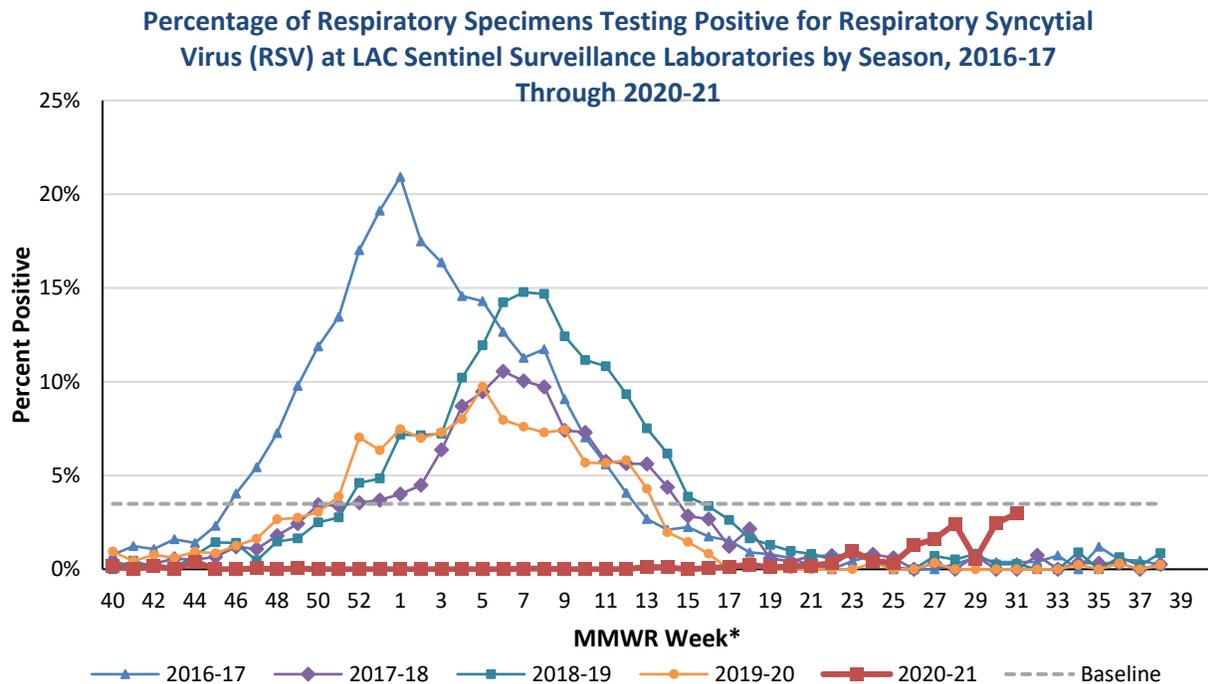
- Fax a [CMR](#) to 888-397-3778 or 213-482-5508 or call 888-397-3993.
- [Fatal RSV Report Form](#)
- For consultation call 213-240-7941.

Long Beach Health and Human Services:

- Fax a [CMR](#) to 562-570-4374 or call 562-570-4302.

Pasadena Public Health Department:

- Fax a [CMR](#) to 626-744-6115 or call 626-744-6089.



Seasonal baseline: Two standard deviations above the mean positivity rate for non-epidemic weeks during the past 3 respiratory surveillance years (MMWR week 40 - week 39 of the following year). Non-epidemic weeks are weeks in which less than 2% of the total positive specimens for the RSV season are reported. Two consecutive weeks above the baseline indicates the RSV season has started.

To view this and other communications or to sign-up to receive LAHANs, please visit ph.lacounty.gov/lahan

¹ [Agha R, Avner JR. Delayed Seasonal RSV Surge Observed During the COVID-19 Pandemic. Pediatrics. 2021 Jun 9:e2021052089. doi: 10.1542/peds.2021-052089. Epub ahead of print. PMID: 34108234.](#)

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- ² [Rha B, Curns AT, Lively JY, Campbell AP, Englund JA, Boom JA, Azimi PH, Weinberg GA, Staat MA, Selvarangan R, Halasa NB, McNeal MM, Klein EJ, Harrison CJ, Williams JV, Szilagyi PG, Singer MN, Sahni LC, Figueroa-Downing D, McDaniel D, Prill MM, Whitaker BL, Stewart LS, Schuster JE, Pahud BA, Weddle G, Avadhanula V, Munoz FM, Piedra PA, Payne DC, Langley G, Gerber SI. Respiratory Syncytial Virus-Associated Hospitalizations Among Young Children: 2015-2016. *Pediatrics*. 2020 Jul;146\(1\):e20193611. doi: 10.1542/peds.2019-3611. Epub 2020 Jun 16. PMID: 32546583.](#)
- ³ [Thompson WW, Shay DK, Weintraub E, Brammer L, Cox N, Anderson LJ, Fukuda K. Mortality associated with influenza and respiratory syncytial virus in the United States. *JAMA*. 2003 Jan 8;289\(2\):179-86. doi: 10.1001/jama.289.2.179. PMID: 12517228.](#)
- ⁴ [Falsey AR, Hennessey PA, Formica MA, Cox C, Walsh EE. Respiratory syncytial virus infection in elderly and high-risk adults. *N Engl J Med*. 2005 Apr 28;352\(17\):1749-59. doi: 10.1056/NEJMoa043951. PMID: 15858184.](#)
- ⁵ [Haddadin Z, Schuster JE, Spieker AJ, Rahman H, Blozinski A, Stewart L, Campbell AP, Lively JY, Michaels MG, Williams JV, Boom JA, Sahni LC, Staat M, McNeal M, Selvarangan R, Harrison CJ, Weinberg GA, Szilagyi PG, Englund JA, Klein EJ, Curns AT, Rha B, Langley GE, Hall AJ, Patel MM, Halasa NB. Acute Respiratory Illnesses in Children in the SARS-CoV-2 Pandemic: Prospective Multicenter Study. *Pediatrics*. 2021 May 13:e2021051462. doi: 10.1542/peds.2021-051462. Epub ahead of print. PMID: 33986150.](#)
- ⁶ [American Academy of Pediatrics Committee on Infectious Diseases; American Academy of Pediatrics Bronchiolitis Guidelines Committee. Updated guidance for palivizumab prophylaxis among infants and young children at increased risk of hospitalization for respiratory syncytial virus infection. *Pediatrics*. 2014 Aug;134\(2\):415-20. doi: 10.1542/peds.2014-1665. Erratum in: *Pediatrics*. 2014 Dec;134\(6\):1221. PMID: 25070315.](#)